

Case Number:	CM13-0000855		
Date Assigned:	04/23/2014	Date of Injury:	02/11/2013
Decision Date:	10/21/2014	UR Denial Date:	05/23/2013
Priority:	Standard	Application Received:	06/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 451 pages for this review. The application for independent medical review was signed on June 25, 2013. It pertains to shockwave therapy. There was a non-certification notice from May 23, 2013. He is a 48-year-old man injured on February 11, 2013. He alleged injury to numerous body parts as a result of performing routine work, hammering stakes into the ground without any specific accident, event or injury. The accepted body parts were the right forearm, right wrist, right shoulder and neck. Back and the left arm was not part of this injury. Treatment has included restrictions, medications, formal physical therapy and chiropractic treatment. There was a chiropractic consultation from March 12, 2013. There was occasional right shoulder pain, right elbow pain and complaints of aches and pains in the hands and wrists and intermittent neck pains. The elbow and forearm pain responds to the use of a brace. He is described as a morbidly obese man at 5 foot three and 228 pounds with nonspecific shoulder tenderness with equivocal findings for impingement and a reduced active range of motion. There is nonspecific elbow tenderness with epicondyle tenderness and nonspecific wrist tendinitis with a positive Finkelstein. There is diffuse nonspecific cervical tenderness and positive cervical compression and Spurling bilaterally. There is no cervical radiculopathy. There was a possibility of sacroiliac joint dysfunction. No deficits or abnormalities are noted for the cervical spine, right shoulder or upper extremities. The shockwave therapy would be for the forearm.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Extracorporeal shockwave therapy or ESWT for the forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, under Electric Shock Wave Therapy.

Decision rationale: The MTUS is silent on shock wave therapy to this area. The ODG has a guideline for the elbow, which is closest to this request. It is noted that it is not recommended. High energy ESWT is not supported. Low energy shock wave therapy show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. Given the lack of proof that it works, I would not be able to support its use in this patient. The request is appropriately non-certified.